

**KANSAS DEPARTMENT ON AGING**  
**INSTRUCTIONS FOR THE CUSTOMER SERVICE WORKSHEET**

The purpose of the Customer Service Worksheet (CSW) is to outline the tasks and amount of time providers are authorized to assist the customer in remaining in the living arrangement of his or her choice. The CSW is formatted to ensure the customer's needs outlined on the UAI are addressed either by formal or informal supports. The definitions of the Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and the levels of assistance needed must be consistent with those in the UAI instruction manual.

**Page 1, please complete the following fields:**

- Date (the CSW was completed)
- Customer Name (first and last), Address, City, and Zip
- County (two-letter abbreviation)
- Phone # (Customer's)
- DOB (Customer's Date of Birth)
- Billing ID# (for HCBS, Customer's Beneficiary Identification Number)
- Emergency Contact (who is to be contacted if something happens to the customer)
- Relationship (emergency contact's relationship to the customer)
- Phone # (emergency contact's phone number)
- Alt. Phone # (emergency contact's alternate phone number)

**EXAMPLE of how to complete the CSW for Bathing/Grooming:**

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|--|--|-----------------|
| <p><b>1</b> Write the Bathing score from the UAI (1, 2, 3, or 4).</p> <p><b>2</b> Check the appropriate level of assistance needed by the customer.<br/>For example if the customer's code for bathing on the UAI is 3, physical assistance needed, then physical assist should be checked on the CSW.<br/>Or if the customer scores a "1" or chooses a lower level of care than indicated on the UAI, check the box "Customer chooses lower level of care."</p> <p><b>3</b> Specify the type of bath: tub, sponge, or shower. If the customer needs assistance with oral hygiene, hair care, skin care, or shaving, please check the appropriate box. Also, specify all additional tasks to be completed during the bathing/grooming activity.</p> <p><b>4</b> Write in the provider's name.</p> <p><b>5</b> Write in the service code (this corresponds with the code used on the POC).</p> <p><b>6</b> Write in how many times per week the bathing/grooming activities are to be performed. Write in the amount of time assigned to this task. Do not mix daily and weekly times within one column. Give special instructions if the customer cannot direct the service provider as to how he/she wants assistance with this task.</p> | <p><b>1</b> <u>Bathing/Grooming</u></p> <p><input type="checkbox"/> Total Assist (4)</p> <p><input type="checkbox"/> Physical Assist (3) <b>2</b></p> <p><input type="checkbox"/> Supervise (oversight) (2)</p> <p><input type="checkbox"/> Customer chooses lower level or N/A</p> <p><b>3</b> Specify: <input type="checkbox"/> Type: _____/ <input type="checkbox"/> Oral Hygiene/<br/><input type="checkbox"/> Hair Care/ <input type="checkbox"/> Skin Care/ <input type="checkbox"/> Shaving <input type="checkbox"/> Other _____</p> <p>Specify tasks being done:</p> | <p><b>6</b></p> |
|--|--|-----------------|

UAI Score	Activities of Daily Living/ Instrumental Activities of Daily Living	Provider: 4  Service Code: 5
1	<u>Bathing/Grooming</u> <input type="checkbox"/> Total Assist (4) <input type="checkbox"/> Physical Assist (3)                      2 <input type="checkbox"/> Supervise (oversight) (2) <input type="checkbox"/> Customer chooses lower level or N/A	6
3	Specify: <input type="checkbox"/> Type: _____/ <input type="checkbox"/> Oral Hygiene/ <input type="checkbox"/> Hair Care/ <input type="checkbox"/> Skin Care/ <input type="checkbox"/> Shaving <input type="checkbox"/> Other _____  Specify tasks being done:	

*If more than one provider assists the customer with a task, an additional column for 4, 5, and 6 should be used. If the type of assistance differs between providers, clarify for each task that the provider is responsible in their own column.*

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Please complete the sections for the remaining ADLs and IADLs tasks in accordance with the following definitions and codes, which are taken from the UIA and Field Services Manual. More specific and concrete code definitions can also be found in the UIA Manual.

### Activities of Daily Living (ADLs) definitions:

- Bathing: How the customer takes a full body bath or shower, or sponge bath, and transfers in and out of the tub or shower.
- Dressing: How the customer puts on, fastens, and takes off all items of clothing, including donning and removing a prosthesis.
- Toileting: How the customer uses the toilet (or commode, bedpan, or urinal), transfers on and off the toilet, cleans, changes pads, manages ostomy or catheter, and adjusts clothing.
- Transfer: How the customer moves between surfaces - to and from bed, chair, wheelchair, and standing position. Does not include moving to and from bath and toilet.
- Walking/Mobility: Ability to move between locations in the customer's living environment. Do not include ability to walk or to be mobile outdoors.
- Eating: How the customer eats and drinks (regardless of skill).

### Instrumental Activities of Daily Living (IADLs) definitions:

- Meal Preparation: Means the ability to plan, prepare, and serve meals.
- Shopping: Ability to purchase food, clothing, and household items. *Extra time is not allowed for the customer to accompany the provider while shopping.*
- Money Management: Ability to handle own finances.
- Transportation: How the customer is able to arrange and obtain transportation for shopping, physician appointments, and social activities.
- Telephone: Ability of the customer to obtain the telephone numbers, dial the phone, and answer the phone.
- Laundry/Housekeeping: Ability to do own laundry and perform housekeeping tasks.
- Management of medications, treatments: Ability to self-administer medications and perform treatments as ordered by physician. (For clarification, see the Attendant Care Service definition in the Field Service Manual.)

### Health Maintenance Activities (HMAs) are defined as physical assistance with the following ADLs and IADLs:

- Toileting: Ostomy Care, Colostomy Care, Catheter Care;
- Walking/Mobility: Range of Motion;
- Eating: Tube Feeding or Enteral Nutrition; and
- Management of Medications/Treatments: Medication Set-up and Administration, Medication Management, and Performing Treatments (wound care, monitoring vital signs).

If the case is self-directed and HMAs are identified, there must be a Physician/RN Statement that states the customer (or a representative) is able to direct this portion of his or her care.

### UIA Codes used to evaluate the customer's ability to manage ADLs and IADLs:

- **Independent:** Customer is able to perform the task unassisted.
- **Supervision Needed:** Customer requires oversight help only. Oversight includes reminding, cueing, or encouragement to ensure the individual can perform the task.
- **Physical Assistance Needed:** Customer may be highly involved in the task, but hands-on assistance is needed to perform task safely.
- **Unable or Unwilling to Perform:** Customer is unable or unwilling to manage any aspect of the task.

### Maximum allowable times to complete tasks:

ADLs	Minutes	IADLs	Hours
Bathing/Grooming:	30 per occurrence	Meal Preparation:	7 per week
Dressing:	15 per occurrence	Shopping:	2 per week
Toileting:	10-15 per occurrence for assistance	Money Management:	informal
Mobility: (includes Transfer and Walking)	30 per day	Transportation:	informal
		Laundry/Housekeeping:	4 per week
Eating:	15 per occurrence	Management of Medications/Treatments:	3.5 per week

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**Congregate Living Situations:** (when other individuals live in the home in which the customer resides)

For HCBS/FE customers, the CSW should indicate meal preparation, shopping, and laundry/housekeeping being provided as informal supports. Under no circumstances will an individual living in the home be reimbursed for performing these tasks.

If multiple HCBS customers reside in the same home the time for meal preparation, shopping, and laundry/housekeeping tasks must each be divided since the tasks may be completed for more than one person at the same time.

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**Once you have completed all of the sections for the ADLs and IADLs on pages 1-3, you must then specify the days and frequency in the last row on page 3.** There are several ways this section can be completed. If the same units are provided each day, then a 31-day plan should be used (see example 1). If the units vary during the week, then a weekly plan should be used (see examples 2 and 3). Please be consistent throughout the provider's column, do not use a combination of daily and weekly.

Days: <i>Daily</i> <u>  4  </u> Units Per <u>Day</u>
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**EXAMPLE 1:** If services are going to be provided 7 days a week for 4 units each day, then a daily plan should be used. Write Daily next to Days. Then write in 4 units per Day.

Days: <i>Monday, Wednesday, and Friday</i> <u> 12 </u> Units Per <u>Week</u>
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**EXAMPLE 2:** If the customer would like his/her services provided at variable times during the week like on Monday, Wednesday, and Friday, then a weekly plan should be used. Write the days services will be provided on next to Days. Since the customer wishes to have 4 units of service provided on Monday, Wednesday, and Friday each week, then 12 units per Week should be written.

Days: <i>Variable or Customer Decides</i> <u> 12 </u> Units Per <u>Week</u>
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**EXAMPLE 3:** If the customer would like a flexible schedule during the week, then a weekly plan should be used as well. Write Variable or Customer Decides next to the Days. Then write in the total number of units per week, in this example 12 units per Week.

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#### **Additional instructions:**

- There is a column to identify whether informal or non-KDOA administered formal supports are assisting the customer with his or her ADLs or IADLs.
- If more than one CSW is needed since the customer has more than three (3) providers, then the box must be checked.
- Two updates to the CSW are allowed. The case manager must initial and date the changes, and as needed send the customer and providers a copy plus a Notices of Action.
- If additional changes are needed after the second update to the CSW, a new CSW must be completed.